

EMPLOYMENT APPLICATION

Thank you for your interest in employment opportunities with Camden on Gauley Medical Center, Inc. Please complete all areas of the application. You may include a resume if you wish; however the full application must still be completed for compliance purposes.

Applicants are considered for all positions without regard to race, color, religion, national origin, sex (including sexual harassment), ancestry, age, disability or any other basis prohibited by the law. We are an Equal Opportunity Employer.

If you do not meet the needs of our open positions at this time, your application will be retained in our files and reviewed for future openings for a period of six (6) months. It is not necessary to re-apply during the six (6) month period.

PERSONAL BACKGROUND – Please print clearly

Date:

Name:

(Last) (First) (MI)

Current Address: _____
(Street Address) (Floor or Apt No.)

(City) (State) (Zip)

Social Security Number: _____ - _____ - _____ Home Phone: _____

EMPLOYMENT DESIRED

Position applied for _____ Date Available: _____ Salary desired: _____

Are you presently employed Yes No Are you over the age of 18 Yes No

Are you legally authorized to work in the United States without restriction? Yes No

If employment is offered, do you intend to have any type of secondary employment or self-employment?

Yes No

Have you ever applied to this company? Yes No

If yes, when? _____

Have you ever been employed by this company? Yes No

If yes, when? _____ Which location(s)? _____

Do you have any relatives employed by this company? Yes No

If yes, who and what location? _____

Can you and are you willing to travel if your job requires it? Yes No

Do you have Reliable Transportation? Yes No

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EDUCATION AND TRAINING

Indicate the highest level of education completed:

High School 9 10 11 12 College/University 1 2 3 4
 Technical/Trade School 1 2 Other _____ Graduate School 1 2 3

Name of School/College	Location (City/State)	Course Study	Years Completed	Graduated (Y/N)	Degree

Computer Skills (list software) _____

Other machines, trades, special skills or qualifications _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization or State Issued	Date Issued	Number

Has your license/certification ever been revoked? Yes No

Do you have a license that is not currently valid? Yes No

If yes, please explain: _____

PREVIOUS RESIDENCES

List the city, county and state of all your previous residences in the last seven years (use additional sheet if necessary)

City	County	State	From (MM/YY)	To (MM/YY)

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CRIMINAL RECORD

Have you ever been convicted of or plead guilty to a misdemeanor or felony? Yes No

If yes, please indicate (please list all, use separate sheet if necessary):

Date _____ Location (City/State) _____ Charge _____ Action Taken _____

(Note: You are not required to provide information on any expunged or sealed record.)

ILLEGAL USE OF DRUGS

Do you currently engage in the illegal use of drugs (marijuana, cocaine, heroin, LSD, etc.)? Yes No

Are you willing to be tested for the illegal use of drugs? Yes No

EMPLOYMENT HISTORY

Listing the most recent position first, provide the following information regarding your previous employment. Please complete all of the employment history even though some or all of the information may be on your resume. Attach your resume to this application.

Are you currently bound by any employment agreement or non-compete agreements? Yes No

If yes, please list:

Company _____ Phone (____) _____
Type of Business _____ City _____ State _____
Employed: From (MM/YY) _____ To (MM/YY) _____ Your Exact Title/Position: _____
Base Salary: Start _____ End _____ Other Compensation _____
Supervisor's Position _____ Immediate Supervisor _____
Reason for Leaving _____ May we contact? Yes No
Description of duties, responsibilities and accomplishments: _____

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Type of Business _____ City _____ State _____
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REFERENCES

Please list three individuals whom you have known for at least three (3) years, other than relatives; at least two (2) references should be business related.

Name _____	Title _____
Company _____	Business Address _____ (City/State)
Business Phone _____	Relationship _____
Name _____	Title _____
Company _____	Business Address _____ (City/State)
Business Phone _____	Relationship _____
Name _____	Title _____
Company _____	Business Address _____ (City/State)
Business Phone _____	Relationship _____

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, please explain _____

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Please read carefully before signing.

This is an equal opportunity employer. I understand that no question being asked as part of my consideration for employment is intended to be unlawful.

I understand that this application does not create a contract of employment. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation by the Employer to hire me. If I am hired, I understand that either the Employer or I can terminate my employment at any time and for any reason.

All of the information I have given to the Employer in considering me for employment is truthful. No other information has been concealed or intentionally omitted. I understand that the Employer may decide to conduct drug screenings and criminal background checks. I authorize, to the fullest extent permitted by law, any such drug screening and/or criminal background check as well as the investigation of all matters concerning my consideration for employment. I understand that all offers of employment are contingent upon the receipt of a favorable result of any such drug screening, criminal background check and other investigated matter. I authorize the Employer to conduct the screening, background check or investigation directly or through its agents, and further authorize my former employers, references, physicians, and acquaintances to give any such information they may have regarding me. I release and indemnify this Employer, as well as any parties from whom information is obtained, from any liability whatsoever resulting from the drug screening, criminal background check or any other investigation and release of this information. If any information I have given to the Employer is untrue or misleading, if I have concealed any information, or adverse information is discovered through the investigation, I understand that this may result in the denial of employment, revocation of an offer of employment, or termination of employment.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United State on my first day of employment.

Although management makes every effort to accommodate individual preference, business needs may at times make the following conditions mandatory: overtime, change in work location, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment. Additionally, I am aware that my employment is contingent on operational requirements.

Date: _____ Signature: _____

FOR EMPLOYMENT USE ONLY – Complete only after a contingent offer has been made.

Position _____ Location _____

Rate _____ Start Date _____

Birth Date _____ Comments _____

Hiring Manager _____ Date _____

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